

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028335

Entity Name: M.I.L.S. REALTY LLC

FILED
Jul 18, 2007
Secretary of State

Current Principal Place of Business:

C/O MUSOVIC 643 EAST 182ND STREET
BRONX, NY 10458 US

New Principal Place of Business:

ATTN: JIM MORRIS
166 CENTER STREET, SUITE 210
CAPE CANAVERAL, FL 32920 US

Current Mailing Address:

C/O MUSOVIC 643 EAST 182ND STREET
BRONX, NY 10458 US

New Mailing Address:

ATTN: MR. ANDRE MUSOVIC
643 EAST 182ND STREET
BRONX, NY 10457 US

FEI Number: 52-2443317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSEPH, JERRY
100 GOLDEN ISLES DRIVE
SUITE 1204
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

JIM, MORRIS
166 CENTER ST
SUITE 210
CAPE CANAVERAL, FL 32920 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JIM MORRIS

07/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MUSOVIC, ANDRE
Address: 643 EAST 182ND STREET
City-St-Zip: BRONX, NY 10458 US

ADDITIONS/CHANGES:

Title: MEMB (X) Change () Addition
Name: MUSOVIC, ANDRE MEMBER
Address: 643 EAST 182ND STREET
City-St-Zip: BRONX, NY 10457 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MR. ANDRE MUSOVIC

MEMB

07/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date